

UAC Basic Information

Photo of Minor	First Name: Last Name: Date of Birth: A No.: Age: Child's Country of Birth: Admitted Date: ORR Placement Date:	Status: AKA: Gender: LOS: LOC: Current Program: Current Location:
----------------	---	--

Event Type: SIR Event

Date of Event:	Time of Event:	Event ID:
----------------	----------------	-----------

Synopsis of Event:

Significant Incident Report (Addendum)

Emergency SIR <input checked="" type="radio"/> SIR			
SIR			
<input type="checkbox"/> Abuse/Neglect in ORR Care	---Select---	Alleged Perpetrator:	---Select---
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In UnitedStates <input type="checkbox"/> Abuse In DHS Custody <input type="checkbox"/> Physical Abuse In ICE Custody <input type="checkbox"/> Sexual Abuse In ICE Custody <input type="checkbox"/> Physical Abuse In CBP Custody <input type="checkbox"/> Sexual Abuse In CBP Custody <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify:	
<input type="checkbox"/> Major Behavioral Incidents that threaten safety	<input type="checkbox"/> Possession/Use of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression/Harm to Others <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-injurious Behaviors/Self Mutilation <input type="checkbox"/> Suicide Attempt/Gesture	
<input type="checkbox"/> Runaway	<input type="checkbox"/> Runaway <input type="checkbox"/> Attempted Runaway		
<input type="checkbox"/> Incidents Involving Law Enforcement	<input type="checkbox"/> Search <input type="checkbox"/> Interview <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Arrest	
<input checked="" type="checkbox"/> Safety Measures	<input checked="" type="checkbox"/> One-on-One Supervision <input type="checkbox"/> Use of Restraints <input type="checkbox"/> Pat-Down or Other Searches		
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Significant Criminal History in Home Country <input type="checkbox"/> Significant Criminal History in United States <input type="checkbox"/> Other Specify:		
<input type="checkbox"/> Pregnancy Related Issues	<input checked="" type="radio"/> Pregnancy <input checked="" type="radio"/> Childbirth <input checked="" type="radio"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:		
<input type="checkbox"/> Other	<input type="checkbox"/> Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors) <input type="checkbox"/> Separated from Parent/Legal Guardian <input type="checkbox"/> Other Specify:		
Incident Information:			
Did the incident take place at another care provider facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Care Provider Name: -- Select Provider Name --	Care Provider City: -- Select Provider City -- Care Provider State: -- Select Provider State --
Location of Incident:	Date Reported To Care Provider:	Time Reported To Care Provider:	

Date Reported To
ORR:

Time Reported To
ORR:

Description of Incident (History)

Description of Incident: (Full
Description of Incident)

Was the UAC or Anyone Else
Injured?: Yes No

Specify:

Actions Taken

Staff Response and Intervention (History)

Staff Response and Intervention

Follow-up and/or Resolution (History)

Follow-up and/or Resolution:

Recommendations (History)

Recommendations:

Reporting:

Reported To State Licensing: Yes No

Date of
Report:

Time of
Report:

Was the Incident Investigated? Yes No

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

Explain

Progress of Investigation (History)

Results/Findings of Investigation (History):

Results/Findings of Investigation:

Attach Reports/Findings:

Is CPS Different From State
Licensing: Yes No

Reported To CPS: Yes No

Date of
Report:

Time of Report:

Was the Incident Investigated? Yes No

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Reported To Local Law
Enforcement: Yes No

Date of
Report:

Time of Report:

Officer Name:

Officer Badge:

Was the Incident Investigated? Yes No

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

Explain

Progress of Investigation (History)

Results/Findings of Investigation (History):

Results/Findings of Investigation:

Attach Reports/Findings:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
	ORR/PO				
	Medical Coordinator				
	Case Coordinator				
	CFS				
	SIR Hotline				
	ORR/FFS				

Other Notifications:

Is this an SIR for a Runaway? Yes No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				